

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

OCT 5 - 1943

State File No.

31776

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 75 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry Alvin Gallagher

3. (b) If veteran, name war. → 3. (c) Social Security No. 490-09-3028

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Mrs. Florence Gallagher 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Feb 20 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 7 hr. min.

9. Birthplace Rockford Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile Engineer

11. Industry or business Independence Automobile Co.

12. Name Michael Henry Gallagher

13. Birthplace New York City N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Barron

15. Birthplace Jamesville Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. M. Probst

(b) Address 500 Hamilton North Mo.

17. (a) Burial (b) Date thereof Aug 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Independence Mo.

18. (a) Signature of funeral director Chas. E. Mitchell

(b) Address 310 N. Main & Independence Mo.

19. (a) 8-28-1943 (b) James H. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Rural, Blue Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 5 Phelps Road
(If rural, give location)
(e) Citizen of foreign country? → (Yes or No)
If yes, name country →

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Aug
year 1943 hour 8:30 minute PM

21. I hereby certify that I attended the deceased from Aug 27 1943 to Aug 27 1943
that I last saw him alive on Aug 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arterial hypertension
Due to →

Other conditions (Include pregnancy within 3 months of death) 8321

Major findings: Of operations →

Of autopsy →

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) →
(b) Date of occurrence →
(c) Where did injury occur? (City or town) (County) (State) →
(d) Did injury occur in or about home, on farm, in industrial place, in public place? →

While at work? (Specify type of place) (e) Means of injury →

23. Signature Dr. Green (M. D. or other) →

Address Independence Mo Date signed 7/28/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.